

HANFORD BERYLLIUM WORK PERMIT

Responsible Organization

1) Beryllium Work Permit (BWP) No.:		2) Work Document if applicable:	
Rev. No.:			
3) Point of Contact (POC): Name:		Phone No.:	MSIN:
4) Location (Bldg./Area): Area:	Building:	Room:	Other:
5) Start Date:	6) Contractor:	7) End Date:	8) Permit Type: <input type="checkbox"/> General <input type="checkbox"/> Job Specific
9) Job Description:			

Beryllium Control Information

10) Respiratory Protection Equipment			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> APR w/HE	<input type="checkbox"/> PAPR w/HE <input type="checkbox"/> Other (specify)
11) Protective Clothing			
<input type="checkbox"/> Work Gloves (Leather)	<input type="checkbox"/> Gloves	<input type="checkbox"/> Shoe covers/disposable booties	<input type="checkbox"/> Tape openings <input type="checkbox"/> Cap <input type="checkbox"/> Hood
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Disposable Coveralls	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> None
12) Sampling			
<input type="checkbox"/> Breathing zone A/S	<input type="checkbox"/> Work Area A/S	<input type="checkbox"/> Wipe	<input type="checkbox"/> Bulk <input type="checkbox"/> Other (specify)
13) Decontamination			
<input type="checkbox"/> Wet-wipe	<input type="checkbox"/> HEPA Vac	<input type="checkbox"/> Hand Wash	<input type="checkbox"/> Shower <input type="checkbox"/> Undress Assistance
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> None		
14) Area Posting & Barriers			
<input type="checkbox"/> Beryllium Controlled	<input type="checkbox"/> Beryllium Regulated	<input type="checkbox"/> Potentially Internally Contaminate	
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> None Required		
15) Engineering/Work Controls			
<input type="checkbox"/> Ventilation	<input type="checkbox"/> Containment	<input type="checkbox"/> Wet method	<input type="checkbox"/> Fixative <input type="checkbox"/> HEPA Vac Area Prior to Working
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> None		
16) Waste Labeling & Handling			
<input type="checkbox"/> Mark and label waste	<input type="checkbox"/> Designated container	<input type="checkbox"/> Double bag	<input type="checkbox"/> Other (specify)
17) IH Coverage			
<input type="checkbox"/> Beginning of Project	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Continuous	<input type="checkbox"/> Release/Clearance <input type="checkbox"/> None
18) Training			
<input type="checkbox"/> Beryllium Worker Qualified	<input type="checkbox"/> Beryllium Awareness	<input type="checkbox"/> Other (specify)	
19) Special Instructions:			

BERYLLIUM WORK PERMIT (continued)

1) Beryllium Work Permit (BWP) No.:

Rev. No.:

2) Work Document if applicable:

Approvals

20) Printed Name & Signature:

Industrial Hygiene

Line Management

Other (specify):

21) Date / Time:

NOTE: When changes occur in the field that could impact the validity of this completed form and the Job Hazards Analysis (JHA) it supports, this BWP should be reviewed and updated as required, to reflect the field changes.

Completion Guidelines

1. Enter a unique Contractor specific number along with revision number of the BWP.
2. If this BWP is specific to a single work document, list that number. If it applies to multiple documents, write multiple. If this BWP applies to skill based work and no work document exists, write N/A.
3. Individual completing the form.
4. Where work is being conducted (e.g., building number, facility number, or geographical area).
5. Date initiated.
6. Hanford Site Contractor.
7. Date no greater than one year from approval date (see note at bottom of form).
8. Check appropriate box.
9. Briefly describe the scope of work to be performed.
10. - 18. Check appropriate boxes per summary of the Exposure Assessment.
19. Briefly describe any special instructions.
20. - 21. Approval printed names, signatures, dates and times.